

Dear Ms. Maguire -

I would like to take an opportunity to comment on the draft of the State Health Plan For Facilities and Services: Nursing Home, Home Health Agencies and Hospice Services, COMAR 10.24.08. Specifically, chapter .08, Issues and Policies: Home Health Agency Services, while detailed and informative, does not contain any references to the growing segment of the home health/personal care agencies that serve ethnic populations.

My company, Personal Home Care, Inc., represents a growing number of the personal care agencies that serve specific populations - in our case, Russian-speaking immigrants. We feel that due to the steady influx of the immigrants in Baltimore-Washington area, it is prudent to advise very special needs of these very vulnerable populations.

While Policy 5.3 allows for an application to establish a specialty home health agency as defined in this chapter, we feel that criteria for special populations should be extended. Currently, special populations are defined by the nature of diagnosis (high-risk maternity patients), demographics (pediatric patients) or "need for a highly specialized set of services." We feel that definition of special populations should also include new Americans, people with limited-English abilities. Immigrants represent growing segment of the American population and there is an established need of services geared to ethnic groups. However, this very needy population is being currently undeserved due to numerous obstacles: lack of knowledge of services available, non-existent or limited English proficiency, and cultural differences are just a few.

Clients served by our agency are mostly indigent recipients of the Medicaid Waiver for Older Adults who, due to advanced age, cognitive issues, language barrier, and cultural differences are not likely to receive home health service from the existing agencies. In cases of acute disease, the patient received a referral from the hospital upon discharge, but the chances of receiving quality care are very slim. Existing agencies do not employ Russian-speaking staff, do not have access to interpretation services and, due to economic constraints, are not planning to address needs of these populations in the near future. As a result, there is a danger of communication and cultural insensitivity and, subsequently, substandard service. The issue of access to health care and quality of services becomes even more pronounced when dealing with chronic patients. Due to communication problems, people who are in need of consistent care and education do not receive continuous service. About 60% of more than 300 elderly clients currently served by our agency are in need of home health services. There are about 100,000 Russian-speaking Americans in Maryland, about 20% of which are either advanced in age (70-90 years of age) or are approaching retirement (50-70 years of age). The majority of these people is Medicaid/Medicare recipients or is eligible for these programs. Vast numbers of them are monolingual in Russian and unable to arrange for health care delivery. These people are in need of a well planned future care, which they are entitled to but unable to obtain

Agencies that serve ethnic populations are well equipped for delivery of the culturally sensitive care to the client and share the same language. Therefore, home health services provided by them would be more pleasant and beneficial for a patient, whose quality of

life will be enhanced; general care delivery will be easier, and care quality will increase as well. The common problem of insufficient workforce is not relevant in this case: there are a lot of currently non-licensed personnel who are willing to become trained and serve the needy. Our agency contracts more than 450 personal care providers that are qualified to provide care and ready to become trained and serve the needy. These currently non-licensed caregivers are middle-age women whose English is passable but not fluent so they are not comfortable serving the English-speaking clients but are very efficient when working with Russian-speaking clients. We feel that allowing CON for a for this special population will adequately address the issue of care access for people with limited English proficiency. Our position is based on extensive experience in both home health and personal care in three states and we will be happy to provide more information on this issue. Thank you.

Yanna Rachinskaya, Ph.D.
VP, Personal Home Care, Inc.